

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
MEDICAL ASSISTANCE ADMINISTRATION
Olympia, WA**

To:	Psychiatrists Psychiatric Advanced Registered Nurse Practitioners Managed Care Plans Regional Administrators CSO Administrators	Memorandum No.: 02-21 MAA Issued: May 28, 2002 For information, call: 1-800-562-6188
From:	Douglas Porter, Assistant Secretary Medical Assistance Administration	
Subject:	Policy Clarification for Psychiatrists Billing Certain Psychiatric Services Procedure Codes and Evaluation and Management (E&M) codes	

The purpose of this memorandum is to clarify the Medical Assistance Administration's (MAA) policy regarding psychiatrists billing for psychiatric services procedure codes (CPT™: 90804-90807, 90810-90813, 90816-90819, 90823-90827, 90845, 90847, 90853-90871 and 90899) and E&M codes.

- MAA reimburses for a maximum of one psychiatric service procedure code per client, per day.
- MAA does not reimburse for psychiatric procedure codes and E&M procedure codes on the same date of service unless there are two separate visits **and** the diagnoses are completely unrelated.
- When performing both psychotherapy services and an E&M service on the same visit, use the appropriate psychiatric procedure code that includes the E&M services (e.g., CPT code 90805 – outpatient psychotherapy with E&M or CPT code 90817 – inpatient psychotherapy with E&M).



See next page....

- MAA reimburses psychiatrists for the CPT codes listed in the following tables only when billed in combination with the diagnosis noted in the table below. **The diagnosis on the detail line must indicate the specific reason for the visit on the date of service being billed.**
- All E&M codes are subject to MAA's current policies and limitations.

Inpatient CPT Codes		Must be billed in combination with:
Psychiatric Services		
90816-90819, 90823-90827, 90899	Any MAA covered diagnosis code in the following range: 290-319.99	
Inpatient		
99217-99239	Any MAA covered diagnosis codes	
Inpatient Consultation		
99251-99278	Any MAA covered diagnosis codes	
Case Management		
99371-99373	All MAA covered diagnosis codes	
All inpatient psychiatric services should be coordinated by either the local RSN or the client’s managed care plan.		

Outpatient Procedure Codes		Must be billed in combination with:
Psychiatric Services		
90804-90807, 90810-90813, 90845, 90847, 90853-90871, 90899 The above procedure codes are subject to a limit of 12 hours, per client, per calendar year.	Any MAA covered diagnosis code in the following range: 290-319.99	
Outpatient		
99201-99215	Any MAA covered diagnosis codes except 290-319.99	
Outpatient Consultation		
99241-99245	Any MAA covered diagnosis codes except 290-319.99	
Emergency Room Consultation		
99281-99288	All MAA covered diagnosis codes except 290-319.99	
Nursing Facility Services		
99301-99316	All MAA covered diagnosis codes except 290-319.99	
Domicillary/Rest Home Services		
99321-99333	All MAA covered diagnosis codes except 290-319.99	
Standby Services		
99360	All MAA covered diagnosis codes except 290-319.99	
Case Management Services		
99371-99373	All MAA covered diagnosis codes	
Any other outpatient psychiatric services should be coordinated by either the local RSN or the client's managed care plan.		

To obtain this memorandum electronically, go to MAA's website at <http://maa.dshs.wa.gov> (click on the Provider Publications/Fee Schedules link).



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